

Provider Communication

Subject: Pharmacy: August 18, 2009 Update	Priority: High
Date: August 18, 2009	Message ID: ACSBNR08182009_1

Dear Pharmacy Provider:

System Downtime:

The SXC claims processing system will be unavailable due to planned maintenance on Wednesday, August 19th, between 2:00-4:00 a.m. EST. Claims needing to be submitted during these periods should be held until the maintenance is completed. Georgia Medicaid apologizes for any inconvenience this downtime may cause.

Georgia Fee-For-Service Medicaid Synagis® Policy for RSV Season 2009 – 2010:

The Georgia Department of Community Health (GDCH) announces its policy for Synagis® (palivizumab) prophylaxis for its Fee-For-Service (FFS) members during the 2009-2010 respiratory syncytial virus (RSV) season based on the updated recommendations by the American Academy of Pediatrics (AAP). Based on review of additional data on the seasonality of RSV, the AAP recommends the following changes to ensure optimal balance between benefit and cost. The GDCH will follow the AAP recommendations and the following policy changes will include:

- For initiation and termination of prophylaxis, GDCH will allow no more than a maximum of 5 doses. According to the AAP, five monthly doses of palivizumab provides **over 20 weeks** of protective serum antibody concentration for most infants.
- In infants born between 32 and 35 weeks of gestation, the risk factors for severe disease have been modified since available data do not define a subgroup of infants in this age group at risk for prolonged hospitalization or admission to the intensive care unit. Thus, prophylaxis will be limited to infants in this age group who are at the greatest risk of RSV hospitalization:
 - Infants younger than 3 months of age at the start of the RSV season
 - Infants born during the RSV season with an increased risk of RSV exposure due to attends child care or has a sibling younger than 5 years of age.
- In infants born between 32 and 35 weeks of gestation that are at risk for severe disease, GDCH will allow no more than a maximum of 3 doses. Prophylaxis is recommended until 90 days of age (maximum of 3 doses) since infants in this gestational age category are at a reduced risk of RSV hospitalization after 90 days of age. Administration of palivizumab is not advised once these infants reach 90 days of age.



Based on the Georgia Division of Public Health (GDPH) and the Centers for Disease Control and Prevention RSV surveillance data, the RSV season in Georgia generally starts in October and typically continues through March. According to GDPH 2008-2009 surveillance data, the RSV season started in mid-October and ended in late-February. Thus, at this time, GDCH will allow prophylaxis therapy with palivizumab beginning in October 2009 and ending in February 2010, which will provide RSV coverage for the patient through March 2010. Please see the attached table for maximum number of palivizumab doses. As a provider, please make sure to monitor the start of the 2009-2010 RSV season to ensure prophylaxis therapy is initiated at the start of the season (and not prior to the season) to make certain your patients have prophylaxis coverage throughout the RSV season. We will continuously monitor the start and end of the 2009-2010 RSV season and will notify you of any changes.

For Georgia FFS Medicaid members, Synagis® prior authorizations through Pharmacy Services can be obtained by contacting SXC at 1-866-525-5827. For Synagis® prior authorizations through Physician Services, please go to www.ghp.georgia.gov.

Maximum Number of Prophylaxis Palivizumab Doses for Preterm Infants^a RSV Season 2009-2010:

Month of Birth Based on prophylaxis therapy beginning in October 2009 and ending February 2010c	Maximum Number of Dosesb		
	<28 weeks, 6 days' gestation and <12 months old at start of season	29 weeks, 0 days through 31 weeks, 6 days' gestation and <6 months old at start of season	32 weeks, 0 days through 34 weeks, 6 days and with risk factord
March 2009	5	0e	0f
April 2009	5	0e	0f
May 2009	5	5	0f
June 2009	5	5	0f
July 2009	5	5	1g
August 2009	5	5	2g
September 2009	5	5	3g
October 2009	5	5	3g
November 2009	4	4	3g
December 2009	3	3	3 ^g
January 2010	2	2	2 ^g
February 2010	1	1	1 ^g

Adapted from the American Academy of Pediatrics based on recommendations for a November 1-March 31 RSV season.

^aPreterm infants without chronic lung disease, based on birth date, gestational age and presence of risk factors.

^bThe number of maximum doses may change based on the actual 2009-2010 RSV season.

^cLast dose administered in February will provide RSV prophylaxis through March as five monthly doses of palivizumab provides over 20 weeks of protective serum antibody concentration for most infants.

^dRisk factors include infants that attend child care or have a sibling younger than 5 years old.

^eZero doses since infant will be older than 6 months of age at the start of the RSV season.

^fZero doses since the infant will be older than 90 days of age at the start of the RSV season.

^gOn the basis of patient age at the time of discharge from the hospital, fewer doses may be required since these infants will receive one dose every 30 days until the infant is 90 days of age.

1. Meissner HC, Bocchini JA. Reducing RSV hospitalizations: AAP modifies recommendations for use of palivizumab in high-risk infants, young children. American Academy of Pediatrics. AAP News. July 2009; Volume 30, Number 7.
2. American Academy of Pediatrics. Respiratory Syncytial Virus. Red Book 2009, 28th edition.
3. Georgia Division of Public Health. Respiratory Syncytial Virus in Georgia. Available at <http://health.state.ga.us/epi/rsv>.
4. Centers for Disease Control and Prevention. Respiratory Syncytial Virus Surveillance. Available at <http://www.cdc.gov>.

NDC COVERAGE:

Effective July 1, 2009, only claims submitted with an 11-digit National Drug Code (NDC) will be considered for reimbursement. The 11-digit NDC should be submitted in NCPDP Field 407-D7 = Product/Service ID with a Product/Service ID Qualifier of 03 – NDC in NCPDP Field 436-E1.

An exception to this NDC requirement will be made for the products listed below. These products will continue to be considered for reimbursement if submitted using a Product/Service ID Qualifier NOT equal to 03 – NDC.

Product/Service ID	Product/Service ID Qualifier	Product Name
50486008410	01 – Universal Product Code (UPC)	Assess Peak Flow Meter Device
50486008415	01 – Universal Product Code (UPC)	Assess Peak Flow Meter Device
42632073200	01 – Universal Product Code (UPC)	Microlife Digital Peak Flow Device
50486008320	01 – Universal Product Code (UPC)	Peak Flow Meter Device
08439345010	02 – Health Related Item (HRI)	Piko 1 Device
08439600112	02 – Health Related Item (HRI)	Pocket Peak Flow Meter Device
50486008321	01 – Universal Product Code (UPC)	Pocketpeak Peak Flow Meter Device

For a complete list of covered respiratory devices please refer to the Georgia Maximum Allowable Cost List (GMAC) located under www.ghp.georgia.gov → Provider Information→ Pharmacy Services Overview → View Full Text → Georgia Maximum Allowable Cost List (GMAC) → July 2009 GMAC Listing.

Please note that this product coverage is subject to change without notice. Contact SXC Health Solutions, Inc. 1-866-525-5826 to determine the coverage status of any product



NDC COVERAGE CONT:

Below is a list of NDCs for INSULIN SYRINGES that has been provided for reference.

Please note that this product coverage is subject to change without notice. Contact SXC Health Solutions, Inc. 1-866-525-5826 to determine the coverage status of any product

****Last Updated August 11th, 2009****

Product Description	NDC	Manufacturer	Product Description	NDC	Manufacturer
INSULIN SYRG MIS 0.3/29G	08881511144	SHERWD MED	INSULIN SYRG MIS 0.5/30G	36652040718	CAN-AM/ACC
INSULIN SYRG MIS 0.3/29G	08881600145	SHERWD MED	INSULIN SYRG MIS 0.5/30G	41163402207	EQUALINE
INSULIN SYRG MIS 0.3/29G	08881600798	SHERWD MED	INSULIN SYRG MIS 0.5/30G	41405530301	NIPRO MED
INSULIN SYRG MIS 0.3/29G	08881600830	SHERWD MED	INSULIN SYRG MIS 0.5/30G	41405530310	NIPRO MED
INSULIN SYRG MIS 0.3/29G	08881600863	SHERWD MED	INSULIN SYRG MIS 0.5/30G	41405530801	NIPRO MED
INSULIN SYRG MIS 0.3/29G	08881609145	CAN-AM	INSULIN SYRG MIS 0.5/30G	41405530810	NIPRO MED
INSULIN SYRG MIS 0.3/29G	36652040218	CAN-AM/ACC	INSULIN SYRG MIS 0.5/30G	57599889501	ABBOTT DIA
INSULIN SYRG MIS 0.3/29G	41163263109	EQUALINE	INSULIN SYRG MIS 0.5/30G	59707013050	ONE PHARMA
INSULIN SYRG MIS 0.3/29G	41163402202	EQUALINE	INSULIN SYRG MIS 0.5/30G	59779114811	CVS
INSULIN SYRG MIS 0.3/29G	57599855001	ABBOTT DIA	INSULIN SYRG MIS 0.5/30G	68016070055	CHAIN DRUG
INSULIN SYRG MIS 0.3/29G	59707012930	ONE PHARMA	INSULIN SYRG MIS 0.5/31G	00603700121	QUALITEST
INSULIN SYRG MIS 0.3/29G	59779114599	CVS	INSULIN SYRG MIS 0.5/31G	08367053202	RX ELITE
INSULIN SYRG MIS 0.3/29G	64899093101	CAN-AM/ACC	INSULIN SYRG MIS 0.5/31G	08881609231	CAN-AM
INSULIN SYRG MIS 0.3/30G	08881511344	SHERWD MED	INSULIN SYRG MIS 0.5/31G	41163040241	EQUALINE
INSULIN SYRG MIS 0.3/30G	08881600800	SHERWD MED	INSULIN SYRG MIS 0.5/31G	41405531801	NIPRO MED
INSULIN SYRG MIS 0.3/30G	08881608302	SHERWD MED	INSULIN SYRG MIS 0.5/31G	41405531810	NIPRO MED
INSULIN SYRG MIS 0.3/30G	08881608303	SHERWD MED	INSULIN SYRG MIS 0.5/31G	59707013150	ONE PHARMA
INSULIN SYRG MIS 0.3/30G	08881608311	SHERWD MED	INSULIN SYRG MIS 0.5/31G	68016065055	CHAIN DRUG
INSULIN SYRG MIS 0.3/30G	08881609800	CAN-AM	INSULIN SYRG MIS 1ML	08881501384	SHERWD MED
INSULIN SYRG MIS 0.3/30G	36652040818	CAN-AM/ACC	INSULIN SYRG MIS 1ML/25G	08881501822	SHERWD MED



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

Product Description	NDC	Manufacturer	Product Description	NDC	Manufacturer
INSULIN SYRG MIS 0.3/30G	41163402208	EQUALINE	INSULIN SYRG MIS 1ML/27G	08881501970	SHERWD MED
INSULIN SYRG MIS 0.3/30G	41405330301	NIPRO MED	INSULIN SYRG MIS 1ML/27G	08881701406	SHERWD MED
INSULIN SYRG MIS 0.3/30G	41405330310	NIPRO MED	INSULIN SYRG MIS 1ML/28G	00536991501	RUGBY
INSULIN SYRG MIS 0.3/30G	41405330801	NIPRO MED	INSULIN SYRG MIS 1ML/28G	00603699621	QUALITEST
INSULIN SYRG MIS 0.3/30G	41405330810	NIPRO MED	INSULIN SYRG MIS 1ML/28G	08367010102	RX ELITE
INSULIN SYRG MIS 0.3/30G	49614062878	MED SHOPPE	INSULIN SYRG MIS 1ML/28G	08367010202	RX ELITE
INSULIN SYRG MIS 0.3/30G	57599889401	ABBOTT	INSULIN SYRG MIS 1ML/28G	08881501210	SHERWD MED
INSULIN SYRG MIS 0.3/30G	59707013030	ONE PHARMA	INSULIN SYRG MIS 1ML/28G	08881600135	CAN-AM
INSULIN SYRG MIS 0.3/30G	59779114803	CVS	INSULIN SYRG MIS 1ML/28G	08881601101	SHERWD MED
INSULIN SYRG MIS 0.3/30G	64899093201	CAN-AM/ACC	INSULIN SYRG MIS 1ML/28G	08881601111	SHERWD MED
INSULIN SYRG MIS 0.3/31G	08367033202	RX ELITE	INSULIN SYRG MIS 1ML/28G	08881601606	SHERWD MED
INSULIN SYRG MIS 0.3/31G	08881609331	CAN-AM	INSULIN SYRG MIS 1ML/28G	08881601614	SHERWD MED
INSULIN SYRG MIS 0.3/31G	41163040341	EQUALINE	INSULIN SYRG MIS 1ML/28G	08881601622	SHERWD MED
INSULIN SYRG MIS 0.3/31G	41405331801	NIPRO MED	INSULIN SYRG MIS 1ML/28G	08881601689	SHERWD MED
INSULIN SYRG MIS 0.3/31G	41405331810	NIPRO MED	INSULIN SYRG MIS 1ML/28G	08881609101	CAN-AM
INSULIN SYRG MIS 0.3/31G	59707013130	ONE PHARMA	INSULIN SYRG MIS 1ML/28G	41250093188	MEIJER
INSULIN SYRG MIS 0.3/31G	62451999827	PREScripti	INSULIN SYRG MIS 1ML/28G	54569250500	ASMEDSOLUT
INSULIN SYRG MIS 0.3/31G	68016065035	CHAIN DRUG	INSULIN SYRG MIS 1ML/28G	54868131100	PHY TOT CA
INSULIN SYRG MIS 0.5/28G	00536991601	RUGBY	INSULIN SYRG MIS 1ML/28G	57599854601	ABBOTT DIA
INSULIN SYRG MIS 0.5/28G	00603699521	QUALITEST	INSULIN SYRG MIS 1ML/28G	59707012801	ONE PHARMA
INSULIN SYRG MIS 0.5/28G	08367050102	RX ELITE	INSULIN SYRG MIS 1ML/28G	62107007001	AUBURN
INSULIN SYRG MIS 0.5/28G	08367050202	RX ELITE	INSULIN SYRG MIS 1ML/28G	68016080105	CHAIN DRUG
INSULIN SYRG MIS 0.5/28G	08881500014	SHERWD MED	INSULIN SYRG MIS 1ML/29G	00603699821	QUALITEST
INSULIN SYRG MIS 0.5/28G	08881600004	SHERWD MED	INSULIN SYRG MIS 1ML/29G	08367011102	RX ELITE
INSULIN SYRG MIS 0.5/28G	08881600418	SHERWD MED	INSULIN SYRG MIS 1ML/29G	08367011202	RX ELITE
INSULIN SYRG MIS 0.5/28G	08881600426	SHERWD MED	INSULIN SYRG MIS 1ML/29G	08881601358	SHERWD MED
INSULIN SYRG MIS 0.5/28G	08881600434	SHERWD MED	INSULIN SYRG MIS 1ML/29G	08881601705	SHERWD MED
INSULIN SYRG MIS 0.5/28G	08881600699	SHERWD MED	INSULIN SYRG MIS 1ML/29G	08881601713	SHERWD MED
INSULIN SYRG MIS 0.5/28G	08881600904	CAN-AM	INSULIN SYRG MIS 1ML/29G	08881601721	SHERWD MED
INSULIN SYRG MIS 0.5/28G	08881609004	SHERWD MED	INSULIN SYRG MIS 1ML/29G	08881601879	SHERWD MED
INSULIN SYRG MIS 0.5/28G	08881700408	SHERWD MED	INSULIN SYRG MIS 1ML/29G	11822321580	RITE AID



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

Product Description	NDC	Manufacturer	Product Description	NDC	Manufacturer
INSULIN SYRG MIS 0.5/28G	41250093187	MEIJER	INSULIN SYRG MIS 1ML/29G	15127040101	SELECT BRD
INSULIN SYRG MIS 0.5/28G	57599854701	ABBOTT DIA	INSULIN SYRG MIS 1ML/29G	36652040518	CAN-AM/ACC
INSULIN SYRG MIS 0.5/28G	59707012850	ONE PHARMA	INSULIN SYRG MIS 1ML/29G	41163402205	EQUALINE
INSULIN SYRG MIS 0.5/28G	62107006901	AUBURN	INSULIN SYRG MIS 1ML/29G	41250056587	MEIJER
INSULIN SYRG MIS 0.5/28G	68016080055	CHAIN DRUG	INSULIN SYRG MIS 1ML/29G	57599854801	ABBOTT DIA
INSULIN SYRG MIS 0.5/29G	00603699721	QUALITEST	INSULIN SYRG MIS 1ML/29G	59707012901	ONE PHARMA
INSULIN SYRG MIS 0.5/29G	08367051102	RX ELITE	INSULIN SYRG MIS 1ML/29G	59779114799	CVS
INSULIN SYRG MIS 0.5/29G	08367051202	RX ELITE	INSULIN SYRG MIS 1ML/29G	62107006801	AUBURN
INSULIN SYRG MIS 0.5/29G	08881511136	SHERWD MED	INSULIN SYRG MIS 1ML/29G	62451999937	PRESRIPTI
INSULIN SYRG MIS 0.5/29G	08881600350	SHERWD MED	INSULIN SYRG MIS 1ML/29G	68016090105	CHAIN DRUG
INSULIN SYRG MIS 0.5/29G	08881600558	SHERWD MED	INSULIN SYRG MIS 1ML/30G	00603700021	QUALITEST
INSULIN SYRG MIS 0.5/29G	08881600566	SHERWD MED	INSULIN SYRG MIS 1ML/30G	08367012202	RX ELITE
INSULIN SYRG MIS 0.5/29G	08881600574	SHERWD MED	INSULIN SYRG MIS 1ML/30G	08881511310	SHERWD MED
INSULIN SYRG MIS 0.5/29G	08881600651	SHERWD MED	INSULIN SYRG MIS 1ML/30G	08881601600	SHERWD MED
INSULIN SYRG MIS 0.5/29G	08881600962	SHERWD MED	INSULIN SYRG MIS 1ML/30G	08881609600	CAN-AM
INSULIN SYRG MIS 0.5/29G	08881609350	CAN-AM	INSULIN SYRG MIS 1ML/30G	11822576440	RITE AID
INSULIN SYRG MIS 0.5/29G	11822321570	RITE AID	INSULIN SYRG MIS 1ML/30G	15127040201	SELECT BRD
INSULIN SYRG MIS 0.5/29G	15127040105	SELECT BRD	INSULIN SYRG MIS 1ML/30G	32671000505	MEDICORE
INSULIN SYRG MIS 0.5/29G	36652040318	CAN-AM/ACC	INSULIN SYRG MIS 1ML/30G	36652040618	CAN-AM/ACC
INSULIN SYRG MIS 0.5/29G	41163402203	EQUALINE	INSULIN SYRG MIS 1ML/30G	41163402206	EQUALINE
INSULIN SYRG MIS 0.5/29G	41250056588	MEIJER	INSULIN SYRG MIS 1ML/30G	41405130301	NIPRO MED
INSULIN SYRG MIS 0.5/29G	57599854901	ABBOTT DIA	INSULIN SYRG MIS 1ML/30G	41405130310	NIPRO MED
INSULIN SYRG MIS 0.5/29G	59707012950	ONE PHARMA	INSULIN SYRG MIS 1ML/30G	41405130801	NIPRO MED
INSULIN SYRG MIS 0.5/29G	59779114796	CVS	INSULIN SYRG MIS 1ML/30G	41405130810	NIPRO MED
INSULIN SYRG MIS 0.5/29G	62107006701	AUBURN	INSULIN SYRG MIS 1ML/30G	59707013001	ONE PHARMA
INSULIN SYRG MIS 0.5/29G	68016090055	CHAIN DRUG	INSULIN SYRG MIS 1ML/30G	68016070155	CHAIN DRUG
INSULIN SYRG MIS 0.5/30G	00603699921	QUALITEST	INSULIN SYRG MIS 1ML/31G	00603700221	QUALITEST
INSULIN SYRG MIS 0.5/30G	08367052202	RX ELITE	INSULIN SYRG MIS 1ML/31G	08367013202	RX ELITE
INSULIN SYRG MIS 0.5/30G	08881511336	SHERWD MED	INSULIN SYRG MIS 1ML/31G	08881609131	CAN-AM
INSULIN SYRG MIS 0.5/30G	08881600700	SHERWD MED	INSULIN SYRG MIS 1ML/31G	15127040301	SELECT BRD
INSULIN SYRG MIS 0.5/30G	08881608202	SHERWD MED	INSULIN SYRG MIS 1ML/31G	41163040141	EQUALINE



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

Product Description	NDC	Manufacturer	Product Description	NDC	Manufacturer
INSULIN SYRG MIS 0.5/30G	08881608203	SHERWD MED	INSULIN SYRG MIS 1ML/31G	41405131801	NIPRO MED
INSULIN SYRG MIS 0.5/30G	08881608211	SHERWD MED	INSULIN SYRG MIS 1ML/31G	41405131810	NIPRO MED
INSULIN SYRG MIS 0.5/30G	08881609700	CAN-AM	INSULIN SYRG MIS 1ML/31G	59707013101	ONE PHARMA
INSULIN SYRG MIS 0.5/30G	11822576430	RITE AID	INSULIN SYRG MIS 1ML/31G	68016065105	CHAIN DRUG
INSULIN SYRG MIS 0.5/30G	15127040205	SELECT BRD	INSULIN SYRG MIS 29GX1/2"	08881511110	SHERWD MED
INSULIN SYRG MIS 0.5/30G	32671000504	MEDICORE			

REVISED AUGUST 5, 2009

BRAND PREFERRED PRODUCTS – EXCEPTIONS TO THE ‘GENERICs ARE PREFERRED AND MANDATORY’ POLICY			
Preferred (Brand)	Non-Preferred (Generic)	Preferred (Brand)	Non-Preferred (Generic)
Adderall XR	amphetamine salt combination SR	Miacalcin nasal soln.	calcitonin nasal soln.
Altace caps	ramipril caps	Ortho Tri-cyclen Lo*	tri-lo sprintec*
Casodex*	bicalutamide*	Paxil CR	paroxetine SR
Corzide	nadolol/bendroflumethiazide	PhosLo	calcium acetate caps
Cosopt ophth. soln.	dorzolamide-timolol ophth. soln.	Plan B*	Next Choice*
Cytomel	liothyronine	Precose	acarbose
Depakote DR/ER/sprinkles	divalproex DR/ER/sprinkles	Proscar	finasteride
Diamox	acetazolamide	Pulmicort inhalation susp.	budesonide inhalation susp.
Dovonex soln.	calcipotriene soln.	Razadyne/Razadyne ER	galantamine/galantamine er
Duragesic	fentanyl patches	Risperdal	risperidone
Effexor 25mg, 37.5mg, 50mg, 100mg	venlafaxine IR 25mg, 37.5mg, 50mg, 100mg	Seromycin*	cycloserine*
Efudex 5% cream	fluorouracil 5% cream	Sonata	zaleplon
Floxin otic	ofloxacin otic	Tegretol XR	carbamazepine er
Fosamax	alendronate	Tobradex ophth. Susp.	tobramycin-dexamethasone ophth.susp.
Imitrex	sumatriptan	Topamax sprinkles	topiramate sprinkles
Kenalog-10,-40 inj.*	triamcinolone acetonide inj.10mg/ml, 40mg/ml*	Toprol XL	metoprolol succinate ER
Keppra	levetiracetam	Trusopt ophth. soln.	dorzolamide ophth. soln.
Lamictal chew dispersible tab	lamotrigine chew dispersible tab	Urso tabs*	ursodiol tabs*



Lamictal tabs	lamotrigine tabs	Vesanoid	tretinoin caps
Lopressor HCT	metoprolol/HCTZ	Vibramycin oral susp.	doxycycline oral susp.
Loprox gel	ciclopirox gel	Wellbutrin XL 150mg	bupropion/budeprion XL 150mg
Lotrel	amlodipine/benazepril	Zerit	stavudine
Marinol	dronabinol	Zyrtec syrup	cetirizine syrup
*New addition to the list			

Please contact the SXC Clinical Call Center at 1-866-525-5827 to obtain authorization for non-preferred generic claims where the Member's primary insurance is paying a portion of the claim. Authorization will NOT be given on non-preferred generic claims unless one of the following Other Coverage Codes (Field 308-C8) is submitted:

2 = Other coverage exists-payment collected

8 = Claim is a billing for a co-pay



REVISED JUNE 22, 2009

NON-PREFERRED BRANDS AND GENERICS			
Non-Preferred (Brand)+	Non-Preferred (Generic)+	Non-Preferred (Brand)+	Non-Preferred (Generic)+
Actiq	fentanyl citrate	Nasarel	flunisolide
Activella	estradiol/norethindrone	Oxycontin	oxycodone ER
Adoxa/Monodox	doxycycline monohydrate	Precare	Vinate C
Clozaril	clozapine	Prilosec	omeprazole
Colazal	balsalazide	Protonix	pantoprazole
Duoneb	ipratropium/albuterol neb.	Risperdal-M	risperidone orally disintegrating tabs
Inspra	eplerenone	Sarafem	selfemra
Isopto Carpine	pilocarpine ophth.	Solodyn	minocycline SR
Kytril	granisetron	Sular	nisoldipine
Lofibra	fenofibrate	Ultralytic 2	Uramaxin 2% foam
Mobic	meloxicam susp.**	Voltaren ophth. soln.*	diclofenac ophth. soln.*
Neobenz	Pacnex (benzoyl peroxide)	Yasmin	ocella

***If a PA is authorized, the brand product is preferred.**

****Meloxicam tabs are preferred**

+In general, PA is required for most Non-Preferred Brands and Non-Preferred Generics.

Please share all of this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia.

We thank you for your continued service and participation in the Georgia Medicaid & Peach Care for Kids Programs.

Division of Medical Assistance – Pharmacy Services Unit 404-656-4044.